

**ADDITIONAL CATEGORY or CUSTOM PILOT AUTHORIZATION  
APPLICATION  
FOR  
INDIVIDUAL COMMERCIAL/NON-COMMERCIAL APPLICATOR LICENSE**

This form is used to add additional categories or Custom Pilot Authorization to YOUR current Individual Commercial/Non-commercial license.

INSTRUCTIONS: Complete and submit with the appropriate fee as specified below to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, AR 72203. PRINT OR TYPE ONLY.

Commercial License                      9                      or                      Non-Commercial License                      9

License Number \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Name of Firm or Affiliate \_\_\_\_\_

FAA Pilot's Authorization Number \_\_\_\_\_ (Required if applying for pilot's authorization)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax # (     ) \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_ Cell Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

(Opt)

Please add the following indicated category(s) to my license: must be currently certified in each category indicated

- |                               |                                  |
|-------------------------------|----------------------------------|
| ~ (1) Agricultural -Plants    | ~ (3) Aquatic                    |
| ~ (1A) Agricultural - Animals | ~ (4) Right-of-Way               |
| ~ (2) Forest Pest Control     | ~ (5) Demonstration and Research |
| ~ (2A) Wood Treatment         | ~ (6) Public Health              |

Category Certifications ..... \$35.00 Each                      \$ \_\_\_\_\_

Custom Pilot's Authorization (must pass custom applicator test) (aerial applicators only) . . . \$35.00                      \$ \_\_\_\_\_

Total Enclosed                      \$ \_\_\_\_\_

I do hereby attest that I have read and am familiar with the Pesticide Use and Application Act and the Regulations adopted thereunder.

Applicant's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PERSON APPLYING ONLY)

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**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Date of Issuance